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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/517,134
	Filing Date	March 2, 2000
	First Named Inventor	Debra L. Linker
	Art Unit	
	Examiner Name	
	Attorney Docket Number	08228/000S080-US0

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number: 39179 Please change the correspondence address for the above-identified application to: The address associated with
Customer Number: 39179

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	<i>James D. Mitchell VP & General Counsel</i>		
Signature	<i>J. Mitchell</i>		
Date	<i>1/29/04</i>	Telephone	<i>204-373-6000</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 1 forms are submitted.